

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

00 — 10

2. STATE:

Oklahoma

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

08-01-00

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.10 &amp; 42 CFR 441 Subpart B

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$1,292,337

b. FFY 2001 \$7,754,021

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Page 1a-1

Attachment 3.1-A, Page 1a-6.1

Attachment 3.1-B, Page 2a-6

Attachment 3.1-B, Page 2a-1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Same page, Revised 07-001-93, TN#93-14

Same page, Revised 05-11-00, TN#00-09

Same page, Revised 05-11-00, TN#00-09

Same page, Revised 07-01-93, TN#93-14

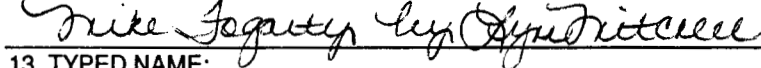
10. SUBJECT OF AMENDMENT:

Increasing maximum hospital days for adults from 12 to 24 days.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Michael Fogarty

14. TITLE:

Chief Executive Officer

15. DATE SUBMITTED:

9-12-00

16. RETURN TO:

Oklahoma Health Authority

4545 North Lincoln, Ste. 124

Oklahoma City, Oklahoma 73105

Att: Billie Wright

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

September 14, 2000

18. DATE APPROVED:

November 29, 2000

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

August 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Calvin G. Cline

22. TITLE: Associate Regional Administrator  
Division of Medicaid and State Operations

23. REMARKS:

State OKLAHOMA

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED  
CATEGORICALLY NEEDY**

1. Inpatient hospital services other than those provided in an institution for mental diseases.

Payment is made for compensable inpatient medical and surgical services to those hospitals which have a contract with this Department. General acute care inpatient hospital services are limited to 24 days per individual per State fiscal year.

See 4.b., EPSDT

Medical necessity for hospital services is subject to review by the Oklahoma Foundation for Peer Review and determination that a period of hospitalization is not medically necessary will result in a non-compensable service.

STATE <u>Oklahoma</u>	A
DATE REC'D <u>09-14-00</u>	
DATE APP'D <u>11-29-00</u>	
DATE EFF <u>08-01-00</u>	
HICFA 179 <u>00-10</u>	

Revised 08-01-00

TN# 00-10  
Supersedes  
TN# 9B-14

Approval Date 11-29-00

Effective Date 08-01-00

State OKLAHOMA

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED  
CATEGORICALLY NEEDY**

**.b. EPSDT (continued)**

- (9) Transportation - provided when necessary in connection with examination or treatment when not otherwise available as authorized.
- (10) Medical supplies, equipment, appliances and prosthetic devices not otherwise available to Medicaid recipients in the state under the State Plan are available when preauthorized.
- (11) General acute care inpatient hospital services are limited to 24 days for adults (per fiscal year July 1 through June 30). Under EPSDT, inpatient hospital services for persons under the age of 21 are unlimited. All psychiatric admissions for children require prior authorization for an approved length of stay.
- (12) EPSDT services furnished in a qualified child health center which includes the following:

**(A.) Child Health Screening Examination:** An initial screening may be requested by an eligible individual at any time and must be provided without regard to whether the individual's age coincides with the established periodicity schedule. The periodicity schedule recommended by the American Academy of Pediatrics has been adopted for use by the State and can be found on Attachment 3.1-A, Page 1a-6.3g. Interperiodic screens necessary to make a determination that an illness or a condition is (or might be) present will be provided to EPSDT recipients as medically necessary and billed as an appropriate encounter. The initial and all periodic health screening examinations must include all of the following components to be compensable.

1. **Comprehensive Health and Development History.** This information may be obtained from the parent or other responsible adult who is familiar with the child's history and include an assessment of both physical and mental health development. Coupled with the physical examination, this includes:

A				
STATE	DATE REC'D	DATE APP'D	DATE EFF	HCFA 179
OKLAHOMA	08-14-00	11-29-00	08-01-00	00-10

Revised 08-01-00

TN# 00-10  
Supersedes  
TN# 00-09

Approval Date 11-29-00

Effective Date 08-01-00

State OKLAHOMA

**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED**  
**MEDICALLY NEEDY GROUP(S): All Groups**

---

1. Inpatient hospital services other than those provided in an institution for mental diseases.

Payment is made for compensable inpatient medical and surgical services to those hospitals which have a contract with this Department. General acute care inpatient hospital services are limited to 24 days per individual per State fiscal year.

See 4.b., EPSDT

Medical necessity for hospital services is subject to review by the contracted peer review organization and determination that a period of hospitalization is not medically necessary will result in a non-compensable service.

STATE <u>Oklahoma</u>	A
DATE REC'D <u>09-14-00</u>	
DATE APPV'D <u>11-29-00</u>	
DATE EFF <u>08-01-00</u>	
HCFR 179 <u>0010</u>	

Revised 08-01-00

TN# 00-10 Approval Date 11-29-00 Effective Date 08-01-00  
Supersedes  
TN# 93-14

State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): All Groups

4.b. EPSDT (continued)

- (9) Transportation - provided when necessary in connection with examination or treatment when not otherwise available as authorized.
- (10) Medical supplies, equipment, appliances and prosthetic devices not otherwise available to Medicaid recipients in the state under the State Plan are available when preauthorized.
- (11) General acute care inpatient hospital services are limited to 24 days for adults (per fiscal year July 1 through June 30). Under EPSDT, inpatient hospital services for persons under the age of 21 are unlimited. All psychiatric admissions for children require prior authorization for approved length of stay.
- (12) EPSDT services furnished in a qualified child health center which includes the following:

(A.) **Child Health Screening Examination:** An initial screening may be requested by an eligible individual at any time and must be provided without regard to whether the individual's age coincides with the established periodicity schedule. The periodicity schedule recommended by the American Academy of Pediatrics has been adopted for use by the State and can be found on Attachment 3.1-B, Page 2a-8g. Interperiodic screens necessary to make a determination that an illness or a condition is (or might be) present will be provided to EPSDT recipients as medically necessary and billed as an appropriate encounter. The initial and all periodic health screening examination must include all of the following components to be compensable.

- 1. **Comprehensive Health and Development History.** This information may be obtained from the parent or other responsible adult who is familiar with the child's history and include an assessment of both physical and mental health development. Coupled with the physical examination, this includes:

Revised 08-01-00

TN# 00-10 Approval Date 11-29-00 Effective Date 08-01-00  
Supersedes  
TN# 00-09

STATE	<u>OKLAHOMA</u>	A
DATE REC'D	<u>07-14-00</u>	
DATE APP'D	<u>11-29-00</u>	
DATE EFF	<u>08-01-00</u>	
HCEA 179	<u>00-10</u>	